

PARTICIPANT and OTHER ENTITIES LIST INSTRUCTIONS

Medicare Shared Savings Program

GUIDANCE

Use these instructions to enter required information into the ACO Participant List Template (Appendix B)

Use the Participant List Template ending in ".xls" to complete your submission.

Upload only ONE complete list with your application for the Medicare Shared Savings Program.

Applicants should not adjust the physical format of this template:

- Do not remove rows that contain column headings.
- Do not remove columns.
- Do not add columns or rows.
- Do not hide columns or rows of data.
- Do not drag cells containing IDs because doing so increments the cell values and can create bogus IDs.
- Do not change the worksheet name (tab name) in the workbook.
- Blank fields are acceptable in columns D through K, if those columns do not apply to your organization.

All columns, rows, and data are formatted as “text”.

- This is especially important to know for numbers that contain leading zeros.
- Because a computer program processes these lists, any deviation from these instructions may cause the process to fail. This will result in a return of the file for applicant revision.

Sample entries are included on Rows 11-16 on the Participant List Template. These rows should be cleared and not included on your submission.

Row 11 - Sample entry for TIN entry

Row 12 - Sample entry for CCN identified as FQHC

Row 13 - Sample entry for CCN identified as FQHC

Row 14 - Sample entry for CCN identified as RHC

Row 15 - Sample entry for CCN identified as CAH Method II

Row 16 - Sample entry for CCN identified as Other

INSTRUCTIONS

1. Row 3, Column B: Enter your unique ACO ID provided to you with your ‘Notice of Intent to Apply Acknowledgement Letter’.

NOTE: This is a 5-digit number beginning with a leading 'A'

2. Row 3, Column E: Enter the ACO Legal Name identified on your application.

3. Row 4, Column B: Enter the designated ACO Tax Identification Number (TIN) to receive shared savings payments.

NOTE: If the ACO is formed among multiple, independent ACO participants, the ACO's TIN must be separate from any of the ACO participant TINs

4. Column A: Enter all ACO participant's TINs. Every row must include a participant TIN.

NOTE: TIN must be 9-digit numeric numbers, without dashes, spaces or other non-numeric values. Format all TINs as text.

We will retrieve National Provider Identifiers (NPIs) billing under each TIN from the Provider Enrollment, Chain, and Ownership System (PECOS). It is the responsibility of each ACO Participant and ACO provider/supplier to update PECOS with the accurate information.

5. Column B: Enter the TIN's legal business name. Do not use abbreviations. We will verify that the TIN's legal name is in PECOS. It is the responsibility of each ACO Participant and ACO provider/supplier to update PECOS with the accurate information.

6. Column C: Identify if the TIN is Medicare Enrolled by selecting Yes or No.

7. Column D: Enter the Centers for Medicare & Medicaid Services Certification Number (CCN) also known as the Online Survey, Certification, and Reporting (OSCAR) for FQHC, RHC, and Method II CAH facilities or other facilities (e.g., Hospitals) only.

NOTE: CCNs must be 6-digit numeric numbers, without dashes, spaces, or non-numeric values. Format all CCNs as text.

8. Column E: Enter CCN Legal Name. Do not use abbreviations.

9. Column F: Enter the CCN Identification Code for each CCN: F= FQHC, R= RHC, C= CAH Method II, or X= Other

NOTE: If your code is F or R in column F, you must include all FQHC/RHC fields in Columns G, H, I, J, and K.

NOTE: If your ACO does not include an FQHC or RHC, your Participant and Other Entity List is complete. Please DO NOT enter any NPIs, unless you are submitting CCNs for FQHC or RHC only.

The following instructions apply only to applicants submitting CCNs for FQHCs or RHCs ONLY. This information must be provided on each row.

10. Column G: Enter each Organizational NPI for FQHCs and RHCs.

NOTE: NPIs must be a 10-digit numeric number, without any dashes, spaces, or other non-numeric values. Format all NPIs as text.

11. Column H: Enter the corresponding organizational NPI name in column G. Do not use abbreviations.

NOTE: If you entered an Organizational NPI in column G, this field must be populated

12. Column I: Enter an individual NPI for physicians that provide direct patient care in the FQHC or RHC.

Note: An applicant including FQHCs/RHCs participants attests to CMS that the associated NPIs listed on the Participant List are physicians, which provide direct patient primary care services, that is, NPIs of physicians that actually furnish primary care services in the FQHC or RHC.

13. Column J: Enter the corresponding first name of the NPI in column I.

NOTE: If you entered an NPI in column I, this field must be populated.

14. Column K: Enter the corresponding last name of the NPI in column I.

NOTE: If you entered an NPI in column I, this field must be populated. Both the first and last names provided in Columns J and K should be the names recorded in the PECOS and the National Plan and Provider Enumeration System (NPPES).